

the first temporal convolution, where there were auditory hallucinations with ideas of persecution and jealousy. Pasturel records his observations carefully and is inclined to agree with Sérieux that general paralysis engenders by its irritative lesions, along with its multiple hallucinations, persecutory ideas and persistent violent reactionary states. Heredity and alcohol are often assisting factors. D. I. WOLFSTEIN (Cincinnati.)

MISCELLANY

HYPNOTIC REMEDIES IN MENTAL DISEASE. A. R. Diefendorf (Journal of Amer. Med. Asso., November 19, 1904).

The paramount importance of insomnia as a symptom of mental disease makes the indications for hypnotic remedies foremost in the therapeutics of psychiatry. Of the two types of insomnia, (1) insomnia of the early stages of mental disturbance; (2) the insomnia encountered after the psychosis has become well established, the first is very frequently intense, and preceding the other more active symptoms sometimes many months. It may be associated with peculiar sensations, such as a feeling of weight and constriction, or with a certain reserve and solitariness or an irritable mood. It may be associated with distressing dreams. There is no specific remedy, but exciting causes must be removed, and gastric, cardiac, naso-pharyngeal irritation be treated, or altered constitutional states, such as lethema, gout or anemia improved. Hypnotic drugs should be the last resort; warm bottles or other hydrotherapeutic measures should be used. The writer advocates bromides, especially bromopin, or trional or veronal. The insomnia of well-established mental disease is usually less urgent, and is apt to be associated with hallucinations or fears. Delirium tremens calls for hot packs and choral, or, perhaps paraldehyde or chloralamid. If there is difficulty in getting the patient ready for his first hot bath, give hyosin hydrobromate, or scopolamin. Trional or veronal are less reliable. The insomnia of the depressive phases of dementia præcox and mania depressive insanity are best ameliorated by cold or warm pack, choral and bromides in combination. For the extreme insomnia of exhaustion and infection psychoses, alcohol is most valuable. One of the most obstinate forms of insomnia is in senile dementia.

NOYES (New York.)

COLLAGOLUM IN NERVOUS AFFECTIONS.—At the meeting of the Philadelphia Pediatric Society, Dec. 8, 1903, Dr. D. L. Edsall reported a case of chorea of the septic type treated with intravenous injection of collargolum, which apparently had a markedly favorable effect upon the temperature and a striking effect upon the child's general condition. The general septic appearance of the patient, together with the prostration, rapidly disappeared. The choreiform movements, also, soon improved greatly, although for a week previously the child had been ineffectively treated with sedatives, salicylates, etc. She ultimately recovered entirely, except for a gravely damaged heart. The speaker also referred to other cases, partly in children, partly in adults, in which he had treated rheumatism, sepsis, typhoid fever and other conditions with intravenous injections of collargolum. He had seen no bad effects, except in one or two instances in which sore arms had been produced by missing the vein and injecting collargolum into the subcutaneous tissues. As to the influence of collargolum upon the infections in the various cases, he was disposed to be guarded in his statements; but he felt that there had been a favorable influence exerted in a number of cases of septicemia, and that the effects had been sufficiently marked to encourage him in using the preparation further.

To six epileptics Netter (*Bull. des Hop.* April 28, 1904) administered collargolum in liquid and pill form in conjunction with the usual treatment, and found it very advantageous. The specific action of the latter drug was

gotten from much smaller than the usual doses; and the distressing symptoms of bromism, the eruptions, bad breath and mental depression were avoided. He has even used collargolum alone in several cases and in a number of instances has had patients pass five or six months without an attack.

G. GOODALE (New York.)

INDIRECT ATROPHY OF CEREBELLUM Dr. Reitsema (*Psychiatrische en Neurologische Bladen*, Vol. 9, 1904, No. 3, May, June).

About the influence of a cerebral defect on the growth of the contra-lateral cerebellum, there exists a great deal of controversy. In normal individuals there is no constant relation between the weight of the cerebrum and cerebellum, and cases are not rare of large cerebral defects without perceptible changes in the cerebellum. The author relates a case of nearly absolute absence of the left hemisphere and a very pronounced diminution of the contra-lateral cerebellum. In this case the red nucleus was strikingly intact, whereas the superior cerebellar peduncle was very reduced. Contrary to the opinion of the authors, who deny that the cerebellum atrophies after cerebral defects, or regard this atrophy as a second degree atrophy, or will explain the cerebellar atrophy, purely mechanically. The author does not believe in the possibility to show that the intensity of the cerebellar shrinking be parallel to the size of the cerebral defect. Nor does he think that the cerebellar atrophy is dependent on destruction of special parts of the cerebrum. Further, he regards the cases of homo-lateral atrophy of cerebellum and cerebrum (Virchow, Kundrat, Kahlden) a great difficulty. He expects something from experimental work.

MUSKENS (Hague.)

THE BRIDGING OF NERVE DEFECTS. Charles A. Powers (*Annals of Surgery*, November, 1904).

Although correction of the evils resulting from a gap in the continuity of a nerve is a matter of great importance in a given case; it hardly seems possible at this time to say definitely what form of bridging should be employed. More cases, and especially cases reported later and better, are needed. Neuroplasty and implantation (anastomoses) are always available resources, and for the present it would seem that they should be preferred. Resection of bone may be advisable in selected cases. Transplantation of foreign grafts should be abandoned. It is hardly necessary to say that prognosis in an individual case should always be guarded, and that repeated operations may be necessary.

(NOYES.)

PSYCHOSES AND BRAIN TUMORS. J. van der Kolk (*Psychiatrische en Neurologische Bladen*, Vol. 9, 1904, No. 4, July, August).

The author relates a case of a man, forty-three years old, married, and father of six healthy children, gardner; treated in the asylum for four years, giving no appreciable symptom of cerebral tumor. As an inert mass he was laid up, was incontinent, showed continually a low degree of negativismus; no hallucinations. The pupils were unequal, reacted well; there was a slight facial paresis on the right side, the knee-jerks were exaggerated. There was no progressive dementia. The autopsy showed a great number of tumors in the medulla oblongata, one in the former part of the left temporal convolution, one in the left gyrus lingualis, and one in the right gyrus parietalis. After microscopical examination they appeared to be cavernous angiomas. In the literature no cavernous angiomas are related as a cause of psychosis. The only cases the author found are one of Shover, which gave rise to epilepsy, and one of Ohlmacher. In the last case as well as his own the author does not think that the psychical symptoms could be caused by direct mechanical lesion of cerebral regions involved in the psychical life. Moreover, cavernous angiomas do not cause compression, nor do they infiltrate the tissue. He thinks that after Pierre